



1645 #

PTO/SB/21 (05-03) (AW 07/03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/054,067
	Filing Date	January 22, 2002
	First Named Inventor	Hellen Chaya Greenblatt, et al.
	Art Unit	1645
	Examiner Name	Jana Hines
Total Number of Pages in This Submission	Attorney Docket No.	CV0110A

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Fee Transmittal</i>
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Basil S. Krikelis	Registration No. (Attorney/Agent)	41,129
Signature			
Date	September 3, 2003		

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
			September 3, 2003
Name (Print/Type)	Renee L. Sipple		
Signature		Date	September 3, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 205

Complete if Known

Application Number 10/054,087
Filing Date January 22, 2002
First Named Inventor Hellen Chaya Greenblatt, et al.
Examiner Name Jana Hines
Art Unit 1645
Attorney Docket No. CV0110A

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SEP 12 2003

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

50-0929

Deposit
Account
Name

Aktion Life Sciences LLC

The Commissioner is authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001	375	Utility filing fee	
		1002	330	2002	165	Design filing fee	
		1003	520	2003	260	Plant filing fee	
		1004	750	2004	375	Reissue filing fee	
		1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
-20**	0	0	0
Independent Claims	-3**	0	0
Multiple Dependent			0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
		1202	18	2202	9	Claims in excess of 20
		1201	84	2201	42	Independent claims in excess of 3
		1203	280	2203	140	Multiple dependent claim, if not paid
		1204	84	2204	42	** Reissue independent claims over original patent
		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051	65	Surcharge - late filing fee or oath	
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
		1053	130	2053	130	Non-English specification	
		1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251	55	Extension for reply within first month	
		1252	410	2252	205	Extension for reply within second month	205.00
		1253	930	2253	465	Extension for reply within third month	
		1254	1,450	2254	725	Extension for reply within fourth month	
		1255	1,970	2255	985	Extension for reply within fifth month	
		1401	320	2401	160	Notice of Appeal	
		1402	320	2402	160	Filing a brief in support of an appeal	
		1403	280	2403	140	Request for oral hearing	
		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		1452	110	2452	55	Petition to revive - unavoidable	
		1453	1,300	2453	650	Petition to revive - unintentional	
		1501	1,300	2501	650	Utility issue fee (or reissue)	
		1502	470	2502	235	Design issue fee	
		1503	630	2503	315	Plant issue fee	
		1460	130	1460	130	Petitions to the Commissioner	
		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
		1806	180	1806	180	Submission of Information Disclosure Stmt	
		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	750	2801	375	Request for Continued Examination (RCE)	
		1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 205

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Basil S. Krikoris Registration No. Attorney/Agent 41,129 Telephone (302) 778-2500
Signature Date September 3, 2003

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